

ENTRY BLANK

PLEASE TYPE OR PRINT

Entered previous May Show

☒ Ms.

☐ yes

☒ no

☐ Mr. Artist

KELLY

SHEILA

(Last Name Last)

Permanent
Address

484 PARKLAWN

ROCKY RIVER

Street

City

44116

Tel. (216) 331-9013

Zip

Area Code

Temporary or
Studio Address

Street

City

Tel. ()

Zip

Area Code

If you do not presently live in one of the counties of the Western Reserve, which county were you born in? _____

Collaborator _____
(If Any)

If May Show entries are not accepted or not sold:

☒ Artist will pick up at Museum.

☐ Museum should dispose of.

☐ Museum should ship to artist C.O.D. at this address:

Special Instructions

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until June 4, 1978.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature

Sheila Kelly

ENTRY BLANKS

1

- ☐ 1. Paintings
 ☐ 2. Graphics
 ☐ 3. Photography
 ☐ 4. Sculpture
 ☐ 5. Electric
 ☐ 6. Crafts

Materials

DU. 6/15/58 D.C. #NA117340

Title

Silver Sheila Kelly
SILVER BOX

Price or NFS

Insurance Value
if NFS Only

Size

NFS

500.00

2 x 3

GRAPHICS AND PHOTOGRAPHY ONLY

Additional No.
For Sale

Total No. in Edition

Price
Unframed

Price of
Frame

ACCEPTED

X

REJECTED

DO NOT WRITE IN THIS SECTION

12

(JM)

ACCEPTED

X

REJECTED

2

- ☐ 1. Paintings
 ☐ 2. Graphics
 ☐ 3. Photography
 ☐ 4. Sculpture
 ☐ 5. Electric
 ☐ 6. Crafts

Materials

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ACCEPTED

DO NOT WRITE IN
THIS SECTION

ACCEPTED

RECEIVED

REJECTED

REJECTED

DATE

4/6 lym